



**COUNTY OF LOS ANGELES  
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TO: Supervisor Don Knabe, Chairman  
Supervisor Gloria Molina  
Supervisor Yvonne Brathwaite Burke  
Supervisor Zev Yaroslavsky  
Supervisor Michael D. Antonovich

FROM: J. Tyler McCauley   
Auditor-Controller

SUBJECT: **GROUP HOME PROGRAM MONITORING REPORT – LEROY HAYNES  
CENTER FOR CHILDREN & FAMILY SERVICES, INC., LEROY BOYS  
HOME**

We have completed a review of the Leroy Haynes Center for Children & Family Services, Inc. (LHCCFS), Leroy Boys Home (LBH). LBH contracts with the Department of Children and Family Services (DCFS) and the Probation Department (Probation). LBH is a 72 bed facility located in the Fifth Supervisorial District, which provides care for boys ages 7-17 years who exhibit behavioral, social, and emotional difficulties. At the time of the monitoring visit, LBH was providing services for 68 Los Angeles County DCFS children and one child from San Bernardino County.

**Scope of Review**

The purpose of the review was to verify that LBH was providing the services outlined in its Program Statement. Additionally, the review covered basic child safety and licensing issues and included an evaluation of LBH's Program Statement, internal policies and procedures, child case records, a facility inspection, and interviews with seven children placed with LBH at the time of the review. The interviews with the residents were designed to obtain their perspectives on the program services provided by LBH, and to ensure adherence to the Foster Youth Bill of Rights.

*"To Enrich Lives Through Effective and Caring Service"*

**Summary of Findings**

Generally, LBH is providing the services outlined in its Program Statement. However, we noted that the Agency needs to make repairs to its facility; maintain an adequate supply of food in the kitchenette of Swain cottage; include residents in the development and updating of their Needs and Services Plans; maintain current Quarterly Reports; provide current Individualized Educational Plans; properly maintain medication logs at all times; and counsel and monitor staff's behavior toward residents.

Attached is a detailed report of the review findings.

**Review of Report**

We discussed our report with the Agency's management. The Agency's management has agreed to provide DCFS with a written corrective action plan within 15 business days of this report. We thank the Leroy Boys Home's management and staff for their cooperation during our review.

If you have any questions, please contact me, or have your staff contact DeWitt Roberts at (626) 293-1101.

JTM:DR:CC

c: David E. Janssen, Chief Administrative Officer  
David Sanders, Ph.D., Director, DCFS  
Richard Shumsky, Chief Probation Officer  
Darrell Paulk, Executive Director, LHCCFS  
Violet Varona-Lukens, Executive Officer  
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**LEROY HAYNES CENTER FOR CHILDREN & FAMILY SERVICES, INC.**

**Leroy Boys Home  
233 West Baseline Road  
La Verne, CA 91750  
Phone: (909) 593-2581  
License No.: 1915501972  
Rate Classification Level: 12**

**I. FACILITY AND ENVIRONMENT**

*(Facility Based - No Sample)*

**Method of assessment – Observation and resident interviews**

**Sample size for resident interviews: Seven**

**Comments:**

The Leroy Boys Home (LBH) is a large facility located in a residential neighborhood. The facility had six residential dormitory style cottages: Dow, Burton, Gatchell, Swain, Thurber, and Wittry. The exterior of the facility was well maintained and nicely landscaped.

The interior of the cottages were generally neat and clean with common rooms nicely decorated and adequately maintained. The bedrooms were spacious, comfortable, and personalized to each child's desire with posters, pictures and knick-knacks. However, there were some areas in need of improvement.

**Dow**

The bathroom floors had been waxed making them extremely slippery and presenting a safety hazard. There were no bath mats in the bathrooms and in bedroom number one, graffiti writing was on a broken cabinet.

**Swain**

Lighting throughout the cottage was dim and several beds did not have a top and bottom sheet and/or mattress covers. In bedroom number two, there was dirty clothing and items scattered all over the floor and the bed. In bedroom number four, the curtains did not hang properly and, in bedroom number five, a sheet covered the window.

**Gatchell**

Lighting throughout the cottage was dim and several beds were in need of a top and bottom sheets.

Thurber

A puddle of water was on the bathroom floor presenting a safety hazard and, lighting throughout the cottage was dim.

Wittry

The upstairs bathroom had a urine smell and clogged urinals. Several beds did not have a top or bottom sheet and mattress covers were either missing and/or needed replacing. In bedroom number two, a drawer needed repair.

Burton

Lighting throughout the cottage was dim and several beds were in need of mattress covers and, in bedroom number one, one mattress was old and sagging.

LBH maintained an adequate supply of recreational equipment for the residents, including a swimming pool, basketball equipment, gymnasium, stereos, video games, a soccer field, a baseball diamond, swings, jungle gym, board games, computers, ping pong table, air hockey, books, and supplies for arts and crafts.

In the main dining hall and kitchen, there was a sufficient supply of food properly stored. Each cottage had a small kitchenette where weekend meals and snacks were prepared. However, in Swain cottage, there was an inadequate supply of foods available for the residents.

**Recommendations**

**1. LBH management:**

- a. Properly clean the bathroom floors in Dow cottage and provide bath mats in each bathroom.**
- b. Remove broken cabinet from bedroom number one in Dow cottage.**
- c. Provide adequate lighting throughout the cottages as needed.**
- d. Furnish each resident's bed with adequate linen and a mattress cover.**
- e. Clean bedroom number two in Swain cottage.**
- f. Properly hang curtains in bedroom number four in Swain cottage and replace sheets with curtains in bedroom number five.**

- g. Remove water puddle from the bathroom floor in Thurber cottage.**
- h. Clean upstairs bathroom in Wittry cottage and unclog urinals.**
- i. Repair broken drawer in bedroom number three in Wittry cottage.**
- j. Maintain an adequate supply of food in the Swain cottage kitchenette.**

## **II. PROGRAM SERVICES**

**Method of assessment – Review of relevant documents and resident interviews**

**Sample size for resident interviews: Seven**

### **Comments:**

The residents met LBH's population criteria as outlined in their program statement. Six residents received an initial diagnostic assessment after being admitted into the program. However, one resident did not have an initial assessment on file.

The Needs and Services Plans (NSPs) were current, realistic, measurable, and time specific. The residents did not participate in developing and updating the NSPs, but, their placement workers were given the opportunity to participate.

Five Quarterly Reports were current, comprehensive, timely, and focused on the goals in the residents' NSPs. However, two of the Quarterly Reports were not current.

The residents received individual and group therapy.

### **Recommendations**

#### **2. LBH management:**

- a. Ensure an initial diagnostic assessment is completed for each resident and is on file.**
- b. Include residents in the development and updating of their Needs and Services Plans.**
- c. Provide each resident with a current Quarterly Report.**

## **III. EDUCATIONAL AND EMANCIPATION SERVICES**

**Method of assessment – Review of relevant documents and resident interviews**

**Sample size for resident interviews: Seven****Comments:**

The residents attended LBH's on-grounds private school and their records contained report cards and/or progress reports. All seven residents required and possessed Individualized Education Plans (IEPs). However, one resident's IEP was not current. The residents reported that they were provided with a sufficient amount of educational stimulation away from school on a daily basis and that staff was supportive of their academic progress.

Development of daily living skills was part of LBH's program. The residents were involved in the planning and preparation phase of meals and hygiene care was discussed as needed.

Age-appropriate residents were offered the opportunity to participate in emancipation and vocational programs. None of the residents worked but were able to spend their allowances as they chose.

**Recommendation**

- 3. LBH management ensure each resident has a current Individualized Educational Plan as appropriate.**

**IV. RECREATION AND ACTIVITIES****Method of assessment – Review of relevant documents and resident interviews****Sample size for resident interviews: Seven****Comments:**

LBH provided residents with sufficient opportunity to participate in both on-grounds and off-grounds recreational activities. The residents expressed satisfaction with the variety and quantity of activities provided and stated that the recreation schedules were followed and implemented.

Local community organizations were utilized by the facility for recreation and program resources. The residents reported that they participated in the planning of some of the activities, had ample free time, and were able to participate in self-selected activities.

Transportation was provided to and from activities.

**Recommendations**

**There are no recommendations for this section.**

**V. PSYCHOTROPIC MEDICATION****Method of assessment – Review of relevant documents**

**There were 69 residents placed in LBH at the time of the review. A review of case files was conducted for the 51 Los Angeles (LA) County residents prescribed psychotropic medications.**

**Comments:**

The LA County residents receiving psychotropic medications had current court authorizations on file. Documentation confirmed that the children were routinely seen by the psychiatrist for a review of their medication.

During the review, a nurse was called away on a personal emergency and missed the “AM” entry in the medication log on some of the medications administered. This was discussed with the head nurse who stated that she was aware of what happened and planned to develop a procedure to ensure that it would not occur again.

**Recommendation**

- 4. LBH management ensure that medication logs are properly maintained at all times.**

**VI. PERSONAL RIGHTS****Method of assessment – Resident interviews**

**Sample size for resident interviews: Seven**

**Comments:**

The residents participated in an initial orientation and the policies and procedures were posted in the facility. The residents reported that the discipline policies were consistently enforced by all staff and that they had fair and appropriate consequences for inappropriate behavior.

Most of the residents expressed satisfaction with the facility and staff but two of the residents felt that staff did not treat them with respect and dignity because they sometimes yelled at the residents. This was discussed with management during the exit conference who explained that the policy regarding [how to handle] acting-out behavior would be reiterated with staff during meetings and trainings. The residents felt

safe in the home and reported that there was no interference with daily living activities such as getting water and snacks.

Each resident reported satisfaction with the taste of the food and with their ability to participate in menu development. They also reported that staff supervised them appropriately and expressed satisfaction with the quality of their interactions with the staff. The residents felt there was at least one staff member that they could trust and easily talk to.

The residents had assigned chores to complete on a daily basis that they did not feel were too demanding. The residents were able to have visitors, make and receive personal telephone calls, and contact their social workers, attorneys, and family members as needed. They had religious freedom and felt that staff respected their cultural lifestyles by allowing residents to celebrate different holidays.

The residents were aware of their right to refuse medication.

### **Recommendation**

- 5. LBH management counsel and monitor staff regarding acceptable behavior toward residents.**

## **VII. CLOTHING AND ALLOWANCE**

### **Method of assessment – Review of relevant documents and resident interviews**

#### **Sample size for resident interviews: Seven**

#### **Comments:**

LBH provided appropriate clothing, items of necessity, and allowances to the residents. LBH supplied its residents with the required monthly clothing allowance in the amount of fifty dollars, and the residents were given the opportunity to select their own clothes. Clothing provided to the residents was of good quality and of sufficient quantity.

The residents were provided with at least the required minimum weekly allowance that they were able to increase based on the Agency's behavioral system.

LBH provided residents with adequate personal care items and sufficient, secure space to store their personal items.

The residents had life books.

### **Recommendations**

**There are no recommendations for this section.**